

Reporting Period:
Calendar Year 2003

Profile of Chronic Conditions in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that necessary services are provided to enrollees. Monitoring the level of services delivered by each HMO provides the Division of Health Care Financing with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach populations that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

Certain adverse outcomes associated with chronic conditions can be prevented with appropriate medical care and patient compliance. For this reason, this Profile of Chronic Conditions highlights the ambulatory management of diabetes and the management of asthma in Medicaid managed care.

To generate the data in this health profile, Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)¹ performance measures were applied to HMO-submitted encounter data and other Division sources such as Medicaid eligibility data and fee-for-service claims data. In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation. A key containing the HMO abbreviations and names is located on page 2.

Ambulatory Management of Diabetes

Many adverse outcomes related to diabetes (such as retinopathy, neuropathy and nephropathy) can be prevented, or at least delayed by an aggressive program of preventive care, prompt identification of problems, early intervention and treatment.² As part of their overall framework for the prevention of diabetic complications, the Wisconsin Diabetes Advisory Group recommends an HbA1c test every 3 to 6 months and a lipid profile yearly.³

Chart 1 compares the HMO's percentage of 18-75 year-old enrollees with diabetes who received at least one HbA1c test during calendar year (CY) 2002 and CY 2003.⁴ Two HMOs (AHP and UHC) show statistically significant increases in rates and 1 HMO (DNC) shows a statistically significant decrease. The mean percentage for all HMOs in CY 2003 is 78.3%, a statistically significant increase from 74.8% in CY 2002.

Chart 2 compares the HMO's percentage of 18-75 year-old enrollees with diabetes who received at least one lipid profile during CY 2002 and CY 2003.⁴ Four HMOs (AHP, MHS, THP, and UHC) show statistically significant increases in rates. The mean percentage for all HMOs in CY 2003 is 61.9%, a statistically significant increase from 55.5% in CY 2002.

Chart 1: Percent of Enrollees with Diabetes with HbA1c Test (CY 2002 and CY 2003)

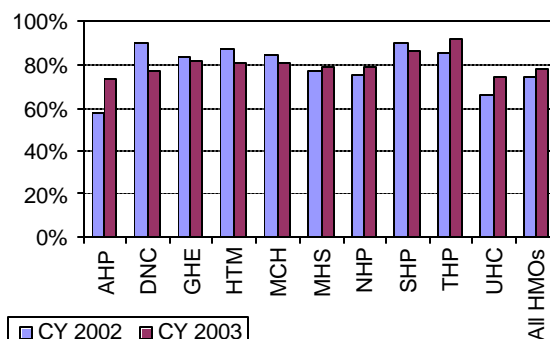
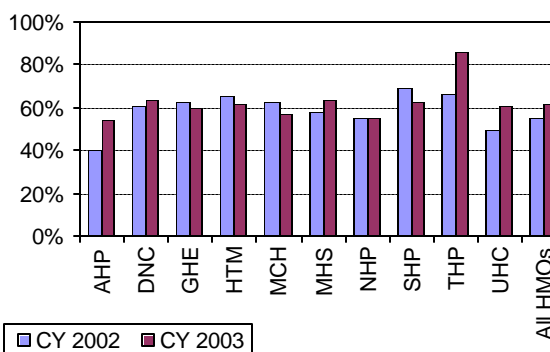


Chart 2: Percent of Enrollees with Diabetes with Lipid Profile (CY 2002 and CY 2003)



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¹ The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division of Health Care Financing.

^{2,3} Essential Diabetes Mellitus Care Guidelines. The Wisconsin Diabetes Advisory Group. April 2001.

⁴ Results from HMOs with less than 30 enrollees meeting the MEDDIC-MS denominator criteria are not displayed in the charts.

Chart 3: Percent of Enrollees with Asthma with Emergency Department Visit (CY 2003)

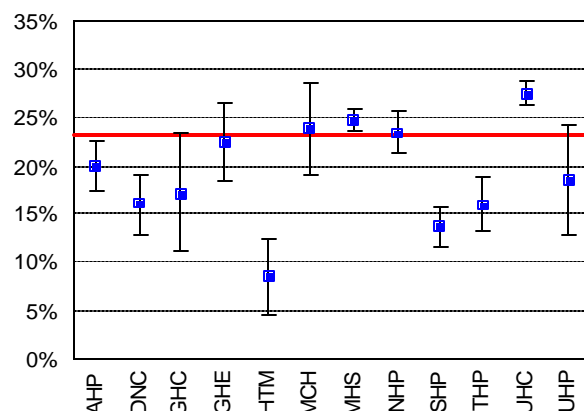


Chart 4: Percent of Enrollees with Asthma with Emergency Department Visit (CY 2002 and 2003)

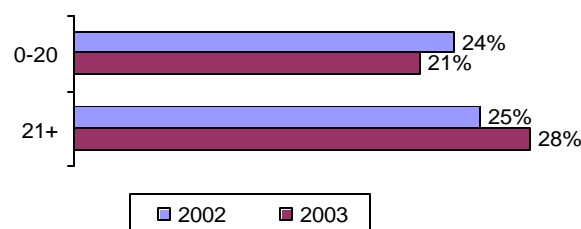
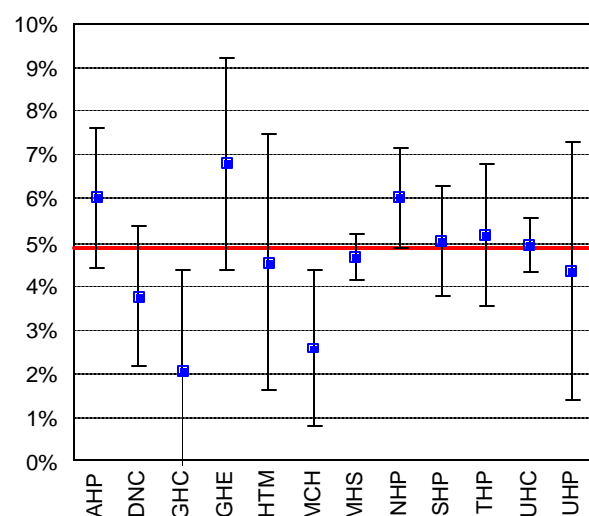


Chart 5: Percent of Enrollees with Asthma with Inpatient Hospital Stay (CY 2003)



Asthma

Asthma is a chronic respiratory illness that affects many children and adults in the Medicaid program. In CY 2003, 6.2% of children (0-20 years) and 5.0% of adults (21+ years) in Medicaid HMOs had asthma. The prevalence rate for adults did not differ significantly from 2002 to 2003. However, the asthma prevalence rate for children increased from 2002 (5.7%) to 2003 (6.2%) - reflecting the statistically significant increases in prevalence in the two largest Milwaukee-area HMOs (MHS and UHC). As the prevalence of asthma increases, it becomes more important to effectively manage the care of those persons that do have asthma to decrease adverse outcomes.

Use of the emergency room or inpatient hospital for asthma care may indicate inadequate access to primary care, sub-optimal care or poor patient compliance. Charts 3 and 4 display the rates of emergency department utilization, while chart 5 displays the rate of inpatient hospital utilization of enrollees with asthma⁵.

Chart 3 shows the percent of enrollees with asthma (all ages) that had one or more emergency department visits in CY 2003, by HMO. The mean percentage for all HMOs is 23%. Many HMOs (AHP, DNC, HTM, SHP, and THP) have rates statistically below the all-HMO rate. Two HMOs (MHS and UHC) have rates that are statistically higher than the all-HMO rate.

Chart 4 shows that emergency department visit rates for children (0-20 years) decreased from 2002 to 2003, while rates for adults (21+ years) increased. These differences are statistically significant. In both years, a greater percentage of adults with asthma visited the emergency room than children.

Chart 5 shows the percent of enrollees with asthma (all ages) that had one or more inpatient hospital stays in CY 2003, by HMO. The mean percentage for all HMOs is 4.7%. There are 2 HMOs (GHC and MCH) with rates statistically below the overall mean; all other HMOs have rates that are statistically indistinguishable from the all-HMO mean.

In CY 2002, the inpatient hospitalization rate for adults did not differ from that for children. In CY 2003, however, the adult rate (5.7%) is higher than the child rate (4.7%). The difference in rates between the age groups can be attributed to a significant decrease in the inpatient hospitalization rate for children from 2002 to 2003.

HMO Abbreviations and Names

AHP—Atrium Health Plan	NHP—Network Health Plan
DNC—Dean Health Plan	SHP—Security Health Plan
GHC—Group Health South Central	THP—Touchpoint Health Plan
GHE—Group Health Eau Claire	UHC—UnitedHealthcare
HTM—Health Tradition Health Plan	UHP—Unity Health Insurance
MCH—MercyCare Insurance	VHP—Valley Health Plan
MHS—Managed Health Services	

⁵ Results from HMOs with less than 30 enrollees meeting the MEDDIC-MS denominator criteria are not displayed in the charts.